# Registration Form for the 2018 FOS Annual Meeting

**June 21 – June 24, 2018**

The Vinoy Renaissance St. Petersburg Resort & Golf Club, St. Petersburg, FL

Online registration available at www.floridaorthopediccommunity.com

Return to FOS office, 1215 E Robinson Street, Orlando, FL 32801, Fax: 813-949-8994. Email: Lencie@meyerresources.com

Name:_____

Spouse's or Guest's Name in full: _____

Practice Name: _____

Mailing Address:_____

City: _____ State: _____ Zip Code: _____

AAOS ID #: _____ License #: _____ Phone Number: _____

Email Address:_____

**Participant Classification: (Circle one)** FOS/BSOF Current Member Non-Member Resident/Fellow

Medical Student Administrator Allied Medical Professional (PA, NP, RN) _____ Other _____

**2018 FOS Meeting: Please circle the Breakout Sessions you would like:**

**Friday, June 22 (10:30 AM to 12:30 PM):** Trauma (Part 1) ~ Hand ~ Spine ~ Will Not Attend

**Friday, June 22 (2:45 PM to 4:45 PM):** Trauma (Part 2) ~ Foot & Ankle ~ Pediatrics ~ Will Not Attend

**Saturday, June 23 (7:30 AM to 9:30 AM):** Adult Reconstruction (Part 1) ~ Shoulder & Elbow ~ Will Not Attend

**Saturday, June 23 (11:15 AM to 1:15 PM):** Adult Reconstruction (Part 2) ~ Sports Medicine ~ Will Not Attend

## Applicable Fees:

| ***Meeting Registration:*** | ***$ Amount:*** |
|---|---|
| Meeting Registration for Members (FOS/Emeritus & BSOF): **$250** | _____ |
| Meeting Registration for Non-Members Physicians: **$550** | _____ |
| Meeting Registration for Non-Member Allied Professionals, Administrators, Office Staff: **$300** | _____ |
| Meeting Registration: Resident / Fellow/ Medical Student: **Free** | _____ |

***Special Event Registration:*** *all events are included in your meeting registration fee with the exception of Friday Dinner. Please let us know if you plan to attend the below events so we can ensure we have the correct headcounts.*

| | | $ ***Amount:*** |
|---|---|---|
| Thursday Evening Welcome Reception (6:45pm – 7:45pm) | # of Guests (inc yourself) : | _____ |
| Friday Luncheon: (Attendees only) - please indicate if you will require lunch | Yes or No: | _____ |
| Friday Cocktail Reception (5:30pm – 7:30pm) | # of Guests (inc yourself) : | _____ |
| *Friday Dinner (Charity Event - more details TBA) . Tickets $150 per person | # of tickets req: _____ | _____ |
| Saturday Evening: Reception (7:00pm – 8:00pm) | # of Guests (inc yourself) : | _____ |

**Total Amount Enclosed: $_____** Checks payable to the Florida Orthopaedic Society.

**** Please note that a $50 surcharge will apply to all registrations received after June 20, 2018**

***** Any cancellations after May 1, 2018 will incur a $50 cancellation fee.**

Payment Information: I authorize the following amount to be charged to my credit card. (Amex, Visa, MC)

Amount Authorized: _____ Card #: _____

Expiration Date: _____ Security Code: _____ Zip code: _____

Name on card: _____

Billing Address: _____

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